



CALIFORNIA STATE ATHLETIC COMMISSION

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PHYSICAL AND EYE EXAMINATION REPORT FOR BOXER / MARTIAL ARTS FIGHTER

Applicant Name _____ Ringname _____ Date of Birth _____
Address (street) _____ (city) _____ (state) _____ (zip code) _____

PHYSICAL HISTORY: Has applicant ever had any of the following conditions:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Rupture (hernia) | <input type="checkbox"/> Chest pains | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swollen joints | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Convulsions (fits) | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> None |
| <input type="checkbox"/> Spitting of blood | <input type="checkbox"/> Cerebral hemorrhage or any other serious head injury | | |

Number of knockouts received _____ Date of last knockout _____
Longest duration of unconsciousness _____
Length of time before resuming boxing after last knockout _____
Ever knocked unconscious in other sport or in any other way? Yes ☐ No ☐
If yes, explain _____

PHYSICAL EXAMINATION:

General appearance _____ Height _____ Weight _____ Temperature _____
Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____
Pulse at rest _____ Blood pressure at rest _____
Pulse after 100 hops _____ Blood pressure after 100 hops _____
Blood pressure 2 minutes later _____
Enlarged glands: ☐ Yes ☐ No Goiter: ☐ Yes ☐ No
Heart: Pulse rhythm ☐ Regular ☐ Irregular Apical impulse ☐ Heavy ☐ Normal
Enlargement ☐ Yes ☐ No Murmurs ☐ Yes ☐ No
Lungs: Rales ☐ Yes ☐ No
Abdomen: Enlargement of liver ☐ Yes ☐ No Enlargement of Spleen ☐ Yes ☐ No
Hernia ☐ Yes ☐ No Femoral ☐ Inguinal ☐ Ventral
Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____
Skin: Rash _____ Boils _____ Any other _____
Unhealed wounds: _____
REMARKS: _____

EYE HISTORY: Has applicant every had any of the following conditions:

Blurred vision? ☐ Yes ☐ No

Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye? ☐ Yes ☐ No

Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, or dislocated lens?
☐ Yes ☐ No

EYE EXAMINATION:

Right Left Right Left
Vision without glasses ____/____ Vision with glasses ____/____ Visual fields ____/____

In accordance with Athletic Commission Rule 282 the following conditions do not meet the vision requirements.

If the applicant has any of these conditions he/she must proceed with a follow-up ophthalmological examination performed by a licensed Ophthalmologist on a form prescribed by the Commission:

- (a) ☐ Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes.
- (b) ☐ Corrected visual acuity of less than 20/60 in either eye.
- (c) ☐ A visual field of 60 degrees or less extending over one or more quadrants of the visual field.
- (d) ☐ "YES" answer to "eye history" questions (2) and (3).
- (e) ☐ None.

REMARKS: _____

EXAMINING PHYSICIAN:

I have examined the above named subject and I ☐ DO NOT FIND ☐ DO FIND a condition that would preclude him/her from being licensed as a ☐ boxer or a ☐ martial arts fighter.

FOLLOW-UP OPHTHALMOLOGICAL EXAMINATION REQUIRED? ☐ Yes ☐ No

LICENSED PHYSICIAN'S NAME (please print)

MEDICAL LICENSE NUMBER

PHYSICIAN'S SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP CODE

(_____) _____

PHONE NUMBER

DATE

APPLICANT:

I declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I AUTHORIZE any physician to release to the California State Athletic Commission any of my medical records in his/her possession. I also authorize the California State Athletic Commission, under subdivision (b) of Section 1798.24 of the Civil Code, to RELEASE any medical information or other personal information with respect to my status and licensure as a professional boxer which may be contained in any of its records to law enforcement agencies, physicians, or Athletic Commissions of other jurisdictions which have a need to know the information requested as determined by the commission.

I agree that a photographic copy of this Authorization shall be valid as the original.

I agree that this Authorization will be valid until it expires one year after the expiration of my license on the 31st of December of this year unless I renew my license and sign another Authorization.

SIGNATURE OF APPLICANT

PRINT YOUR NAME

DATE